

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 31 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F14289

1. Corporation Name

Cros-ible Filtration Inc.

100159082951
07/30/09--01056--013 **4208.75

2. Principal Office Address - No P.O. Box # 2834 Nunnery Road		3. Mailing Office Address P.O. Box 745	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Skaneateles, NY		City & State Skaneateles, NY	
Zip 13152	Country US	Zip 13152	Country US

REINSTATEMENT 82-09

4. Date Incorporated or Qualified To Do Business in Florida	1/12/1981
5. FEI Number 16-1175916	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Matthew Young
REGISTERED AGENT MUST SIGN

Matthew Young
as its agent

Date 7/28/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Joseph Carbone	2834 Nunnery Road	Skaneateles, NY 13152
V/D	Paul Tedesco	1300 Duxbury Court	Arlington, TX 76015

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul Tedesco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Tedesco

7/28/2009

Date

817-860-7314

Daytime Phone #